UCSF NEWS

New Approach to Health Care for Women

From the scientific laboratories where major research is probing the mysteries of the human reproductive process . . . to the newly improved patient area in Moffitt Hospital where supergraphic designs soon will brighten corridor walls, there is an air of excitement about the Department of Obstetrics and Gynecology.

It's all the result of a commitment by the School of Medicine and the Hospitals and Clinics Administration to make UCSF Medical Center's Ob-Gyn Department second to none. This goal is being pursued through a wide range of programs in the areas of patient care, clinical investigation, and teaching.

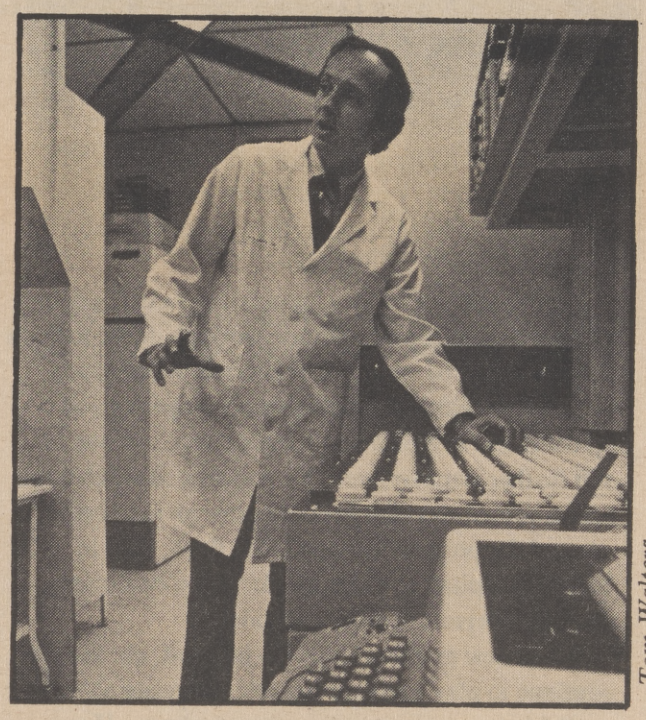
Giant strides are being made in research and training. Under leadership of Dr. Robert B. Jaffe, newly appointed Chairman of the Department, a group of investigators has been assembled whose combined expertise in reproductive medicine and biology has seldom been equalled anywhere.

Reproductive Endocrinology Center

Over the next five years, UCSF will receive $1.5 million from the Rockefeller Foundation to develop and support a Reproductive Endocrinology Center, and to train graduate and postgraduate students.

The Rockefeller grant, and funding from other sources, will be used for a variety of studies to gain better understanding of the physiologic aspects of human reproduction. Primary focus of the Endocrinology Center will be upon hormones involved in regulation of the reproductive process. It is anticipated that the research may result in new methods of fertility control, including improved contraceptive agents. The interdisciplinary program brings together such specialties as biochemistry, hormone chemistry, molecular biology and genetics, with central laboratories providing such services as radio-immunoassay and electron microscopic studies.

The Ob-Gyn Department has a vital role in the conquest of cancer. The work of the Oncology Service, headed by Dr. Edward Hill, has made UCSF one of the major referral centers treating advanced malignancy of the reproductive tract. This medical center is also a leader in diagnosis and treatment of trophoblastic disease—or abnormalities of the placenta, which may progress to malignancy. Since this is one of the few "true malignancies" which frequently can be cured by chemotherapy, this aspect of obstetrical care, directed by Dr. Carolina Braga, is an especially encouraging one.



Tom Walters

Dr. Robert B. Jaffee, Professor and Chairman of the Department of Obstetrics and Gynecology at UCSF. Dr. Jaffee also directs a new research center concerned with reproductive endocrinology.

Genetics counseling and prenatal genetics diagnosis, designed to detect birth defects early in pregnancy, are part of a special service headed by Dr. Mitchell Golbus. Dr. Robert Glass, of Yale University, a specialist in causes of infertility, will be joining the faculty soon to add still another dimension to patient service and research.

Maternity Care

The birthrate has decreased dramatically. In San Francisco, about 10,000 babies were born in 1973, compared with 18,000 in 1965—a drop of more than 55 percent. At the same time, improvements in the quality of maternity care, and many advanced methods and devices, are helping to make childbirth a safer, happier experience than ever before.

For example at UCSF, modern techniques of monitoring the baby during labor are effective in preventing stillbirth or brain damage. Dr. Robert Creasy, Chief of the Obstetrical Service, explains:

"During labor, with each uterine contraction, there is a cessation of the flow of blood to the placenta, cutting off the baby's intake of oxygen and the removal of carbon dioxide from his blood stream. Normally, a baby can undergo this stress without problems, but some can't. For these babies, the effort might be compared to a person with emphysema trying to hold his breath."

A fetal monitor is used to continually check the unborn baby's heart beat, and if the graph produced by this device shows the heart rate slowing, it may mean the baby is in trouble. In this case, the obstetrician may obtain a small sample of blood from the baby to determine the amounts of acid and carbon dioxide in the blood. If the results are satisfactory, monitoring of the heart beat is continued, if not, the obstetrician delivers the child before damage occurs.

These techniques are presently used on all "high risk" mothers, according to Dr. Creasy. Considered high risk are pregnant women with such conditions as hypertension, diabetes, blood disorders, history of stillbirth and many others.

In such cases, pediatricians also are present during delivery, and within the first minute or two of life,

catheters are inserted into the newborn infant's umbilicus to check the heart rate, blood pressure, and presence of gases in the blood. These sick infants are transferred at once to the Intensive Care Nursery, whose life-saving achievements were described in detail in the December issue of UCSF NEWS.

Describing other research, Dr. Creasy added: "We are presently using a new experimental drug to stop premature labor. If we are successful we should be able to prevent many complications of premature birth. Results of these experiments thus far have been very encouraging. The drug is similar to adrenalin, without the side effects of adrenalin." In addition, Dr. Creasy and his associates are performing basic research to investigate aspects of fetal growth retardation.

Skilled Care for All

Among the many services available to all patients are: special tests of the amniotic fluid which surrounds the baby in the uterus to determine whether its lungs are maturing properly; examinations of the hormones produced by the fetus and placenta which can disclose whether the baby is in jeopardy; and the use of ultra-sound diagnosis (sound waves) to determine the growth of the baby and position of the placenta.

With the availability of these techniques, the UCSF Obstetrical Service is earning a reputation as Northern California's leading center for the care of high-risk, pregnant women. But no less important is the sensitive, skillful care given to *all* prospective mothers, including those who can expect normal deliveries.

"Having the baby was a beautiful, thrilling experience, thanks to you" . . . "I couldn't have gotten through it without you . . ." These are typical of the grateful words patients have in praise of the nursing staff, which is committed to a very personalized approach to each patient—a concern, by the way, which does not overlook the needs and feelings of the father of the child.

For many prospective parents, it begins with the evening class series, "Preparation For Childbirth," conducted in the solarium of Moffitt Hospital's 15th floor (the postpartum patient unit.) A modest fee is charged for these classes, which are open to any prospective parents, as well as those whose babies will be born at UCSF.

A registered nurse and a physical therapist—certified Lamaze instructors—teach the women relaxation and breathing skills that can help them to cope with the discomfort of labor. Instruction also includes appropriate use of medication.

The two-hour sessions cover a wide range of information for better understanding of pregnancy and the childbirth process. Films and other visual aids, tours of the delivery room, a discussion with the anesthesiologist, are all helpful in dispelling fears and anxieties. And prospective parents have informal opportunities to meet and share the joys of very new parents on the postpartum unit.

When the Baby Arrives

At UCSF, the father may be present during delivery, and even take photos of the birth if he wishes. After an eight to ten-hour rest period, the new mother has the option of "rooming in"—or keeping the baby near her in a bassinette as long as she wishes between the hours of 8 a.m. and 10 p.m. During the two to three days she remains in the hospital, she feeds and cares for the baby and, with other new mothers, receives instruction in bathing, diapering, breast and bottle feeding, and other aspects of infant care. Fathers are encouraged to participate in the care of the babies during the liberal visiting hours.

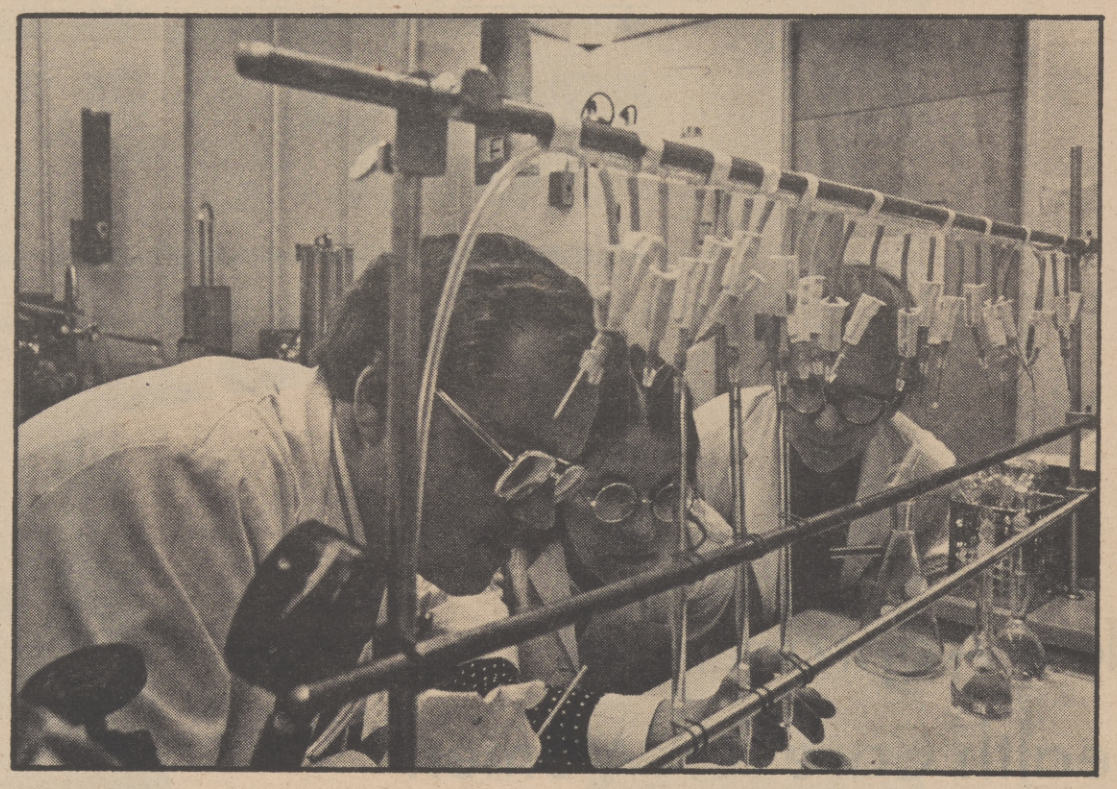
All this takes place in a "non-institutional" atmosphere which, in the near future, will include the hallway decor mentioned earlier. The cheerful rooms, soon to be bright with color-coordinated draperies and spreads, and live plants in hanging pots, are due for still further improvement. Remodeling scheduled this spring will convert the patient rooms on the north wing of the postpartum unit (15th floor, East in Moffitt Hospital) to either single or two-bed rooms, each with private shower and toilet.

When new mothers leave the hospital, the nurses continue to play a supporting role. They are always available to answer questions by telephone: Home visits by the regular nursing staff, and by public health nurses, are a regular part of this family-centered service.

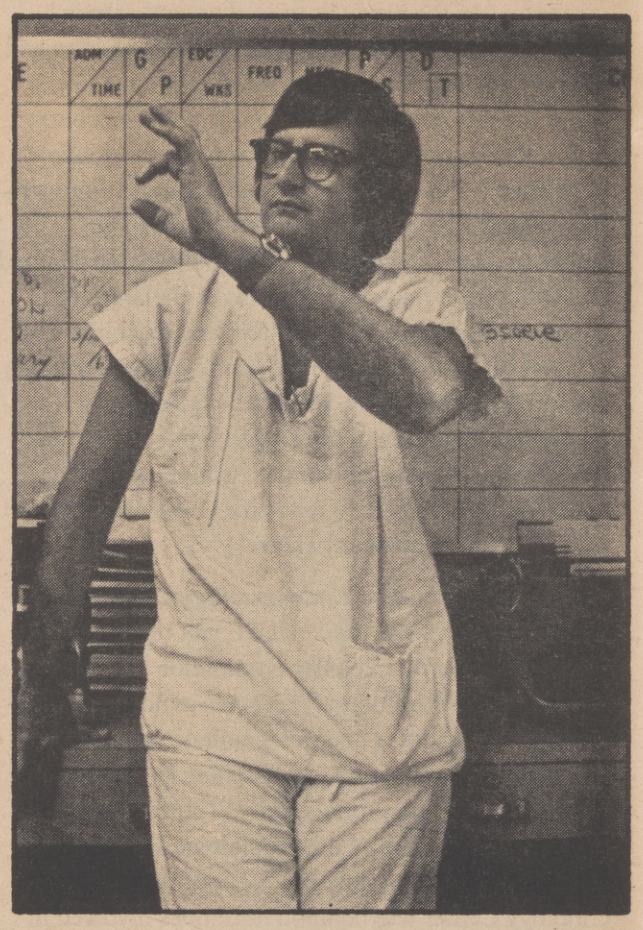
Young Women's Maternity Services

Although births in general have declined, the number of children born to teenage mothers has not followed this pattern locally or nationally. It also has been estimated that 85 percent of these young mothers choose to keep their babies and attempt to mother them, often as single parents.

As a result of these trends, the Young Women's Maternity Services, a specialty outpatient clinic for pregnant women 18 years or younger, was established here about a year ago. Under overall direction of Dr. Creasy, Eleanor Smith, Assistant Clinical Professor of Nursing, is responsible for this program. Students in the nurse-practitioner program, working in



Work in Dr. Jaffee's laboratory includes studies on hypothalmic regulation of pituitary function. Among those concerned with the problem are Dr. William Keyes, a Post-doctoral Fellow, Research Associate Christina Lawrence, and Dr. Marybeth Glendening, Associate Research Biochemist.



Dr. Richard L. Sweet, Assistant Professor of Obstetrics describes to a medical student the stages of cervical dilation before birth.

photos by Tom Walters

collaboration with obstetricians and other health professionals, follow the progress of the young women.

Much has been written in the past decade regarding the high risk aspects of adolescent pregnancy. However, Mrs. Smith points out: "There is growing evidence that with proper care and supervision, nutritional and other health problems can be avoided. In such instances, the chances that a girl in her mid-teens will have a normal delivery and healthy baby are as good, if not better, than for other age groups."

The entire range of services described in this article are available to pregnant adolescents, and continuing counseling and follow-up for teenage mothers is provided by pediatrics nurse practitioners.

At all stages, helping the teenager to cope with the realities of parenthood and the need to become a mature individual in her own right, are problems of special concern. Psychological and social services, continued schooling and vocational training for pregnant adolescents aid in this difficult process. (A number of special school programs are offered by the San Francisco Unified School District. One of them is conducted at San Francisco General Hospital in close cooperation with the Women's Clinic there. Dr. Phillip Goldstein, SFGH Chief of Ob-Gyn is a national leader in programs to help teenage parents.)

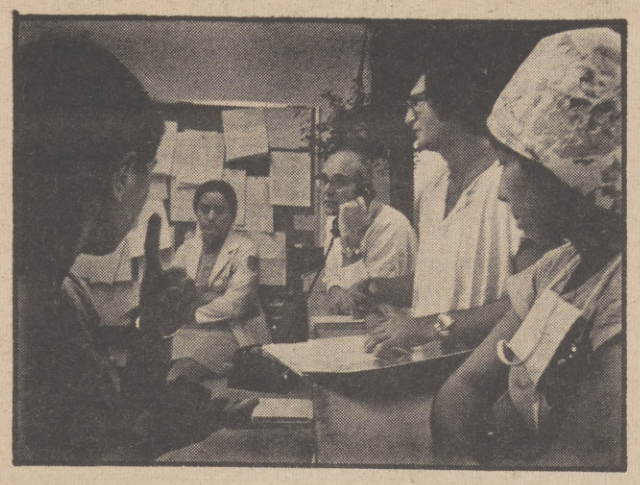
The "Team System"

Continuity of patient care in a teaching hospital is a goal of yet another new program. This is the "team system" in which each new patient of the obstetrics or gynecology services is assigned to one of two medical teams serving in both the clinic and the hospital. Each team is made up of several faculty physicians, residents, and students.

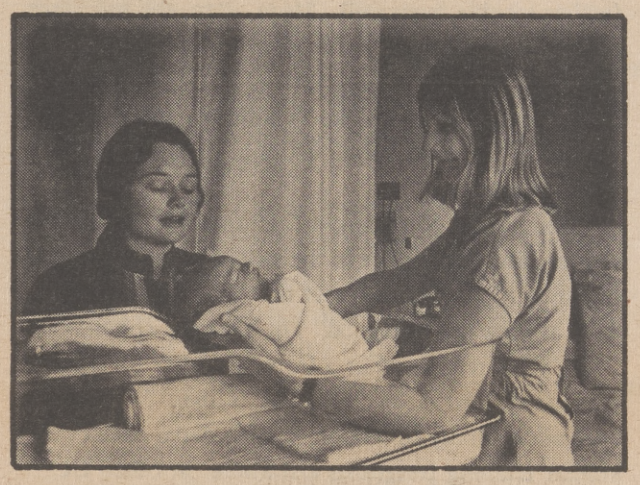
The system was introduced to UCSF by Dr. Jaffe, who was involved in a similar program at the University of Michigan where he was professor of Ob-Gyn for nine years before coming to San Francisco. Under this approach, it is possible for each patient to be seen indefinitely by the same faculty physicians, and up to one year by the same students and residents. The two teams, between them, include specialists in all major areas of obstetrics and gynecology. A patient in need of specific care, such as cancer treatment, or family planning, is assigned to the appropriate team.

All in all, the Ob-Gyn Department is burgeoning with new knowledge, new ideas and attitudes, and new opportunities to bring many resources together for human betterment. Department Chairman Jaffe aptly describes these remarkable developments as "a contemporary approach to human reproduction."

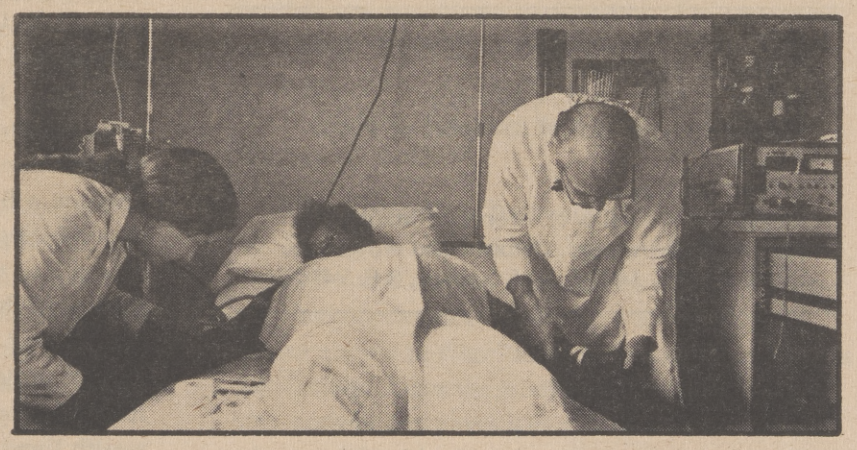
Claire Wray



Tamara Brennan (left) and Irene Flores (right) are specially trained in obstetric nursing, including use of the monitoring unit and performing diagnostic techniques. Informal consultations are held during quiet moments in the delivery room and in the above group are Drs. Sherry Evans, George Winch, and Richard Sweet (left to right).



Nurse Carol Raffa and Mrs. Darcie D. Newton discuss fine points of care for three-day-old Rachel Newton.



Electronic vigilance is maintained during labor by a fetal monitoring unit that records the unborn baby's heart beat and its relation to uterine contractions. Monitoring and diagnostic techniques used before birth are safety measures available to all obstetrical patients at UCSF.

Children's Allergies

UCSF has long been a center for treatment, research, and training in allergic diseases, and now the National Institute of Allergy and Infectious Diseases (NIAID) has designated it as one of its 14 National Allergic Diseases Centers. A new research program to investigate the development of allergies in infants and children is currently underway at UCSF, made possible by a grant from NIAID.

Director of the new project, Dr. Oscar L. Frick, says that the problems of allergy sufferers often begin at birth. Cow's milk is a common allergen (the sensitizing agent that causes the illness). Babies sensitive to milk often develop colic, vomiting and diarrhea, or respiratory tract problems such as chronic nasal congestion and asthma.

"We believe that allergies have increased over the past 30 years since breast-feeding became popular," Says Dr. Frick, who is Professor of Pediatrics and also Director of the Training Program in Pediatric Allergy and Clinical Immunology. "Cow's milk is a bad protein for some children; nature intended human babies to drink their mother's milk."

Today there is a trend to return to breast-feeding, and Dr. Frick hopes that there may be a consequent decrease in allergic diseases of breast-fed children. Allergy is believed to be inherited. "If both mother and father have some form of allergy, there is a 75 percent chance of their child having an allergic disease," says Dr. Frick.

The new research program will survey obstetric patients seen in UCSF clinics and private practices to identify those prospective mothers who have a history of allergy and whose husbands do also. The children born to such couples will be studied for five years; if an allergy develops in these children, it is likely to appear before the age of five.

"We will certainly encourage mothers to breast-feed their infants," says Dr. Frick, "and we will determine whether they develop fewer allergies than those fed by formulas containing cow's milk. We hope to learn more about the mechanisms that trigger allergies and what turns off these mechanisms. We are studying the role of respiratory infections in asthma and whether viruses trigger the attack; as well as improved methods to treat asthma and other allergic disorders.

What is Allergy?

Allergy is an altered reaction of body tissues to a specific substance (allergen) which in nonsensitive persons produces no effect. Common allergens are pollen, house dust, animal danders, molds; and many foods, such as milk, chocolate, corn, wheat, eggs, meats, shellfish, citrus fruits. Common medications such as penicillin and aspirin may also cause allergic reactions.

Dr. Frick tells of a patient who became ill after eating in his own dining-room but not in restaurants. It was discovered that he was sensitive to the dining-room's wallpaper paste which contained wheat.

Allergic reactions can cause skin rashes, runny nose, hay fever, bronchial asthma, hives, headaches, and stomachaches. Shock and death may result, but this occurs rarely.

Allergic diseases do not attract the dramatic attention that cancer and heart disease do, because they do not often cause death; yet they exact tremen-

dous toll in illness, human suffering, and economic costs; some families endure severe financial hardship—paying from a fifth to a third of their income for hospitalization and medications attempting to solve an allergy problem. Unfortunately, allergic diseases are not covered by Crippled Children's Services. Dr. Frick gives these figures:

15 percent of the population is affected by asthma and hay fever.

31 million people suffer sufficient allergic discomfort to seek medical care.

4,000 deaths occur yearly from asthma.

$100,000,000 is spent on hospitalization and medication for asthma each year.

7 million school days are lost per year because of asthma.

5 million work days are lost per year because of asthma.

Asthma is the leading chronic disease among children. It causes spasms of the bronchial tubes and swelling of their mucous membranes which makes breathing difficult. Asthma can be triggered by a number of allergens: pollen, mold spores, animal danders, house dust, respiratory infections, and foods. Emotional upsets, even joyful experiences, can trigger or increase the severity of an asthmatic attack.

Although treatments and medications are available for asthma, Dr. Frick and his colleagues continue the search for more effective ones. Dr. William C. Deamer, Professor of Pediatrics, Emeritus, has been involved with the evaluation of a new drug, *cromolyn sodium,* intended for use in severe chronic asthma. In the majority of cases it was judged to be safe and beneficial.

Dr. Deamer states that parents find it difficult to realize that a wide variety of symptoms experienced by their children may be caused by foods eaten and enjoyed daily. "There are two kinds of food allergy," says Dr. Deamer. "One is easily recognized, since symptoms occur soon after the food is eaten; the other kind is one in which the symptoms are long delayed, perhaps till the following day. The first type of allergy is likely to give a positive skin test, but the second type is not. Thus these two types of food allergy are as different as night and day. The delayed type of food allergy, with its negative skin tests, can be most difficult to recognize, and can go on for years unrecognized. It is best studied by trial diets that eliminate certain foods for a three-week period."

Removal from the daily diet of the most obvious common offenders are tried first: milk and chocolate, followed by corn and wheat. Just removing milk and chocolate, alone, may bring relief to over half the cases. It is not sufficient to eliminate only fluid milk, however, for products made chiefly from milk, such as cheese, ice cream, sherbet, yogurt, custards and milk soups, must also be eliminated. Excluding chocolate also includes excluding cola beverages.

"Not only the physician, but the parents and patients as well must become good detectives," says Dr. Deamer. "Parents must learn to study the labels on packaged foods very carefully. For instance, corn sugar is a common additive in canned fruit, candies, and many other foods.

Other frequently allergic foods are citrus fruits, eggs, the bean and pea family, beef, tomatoes, apples and cinnamon. Even food colorings can make people sick.

Dr. Deamer says that food-caused allergies include such conditions as stomachaches, headaches, cranky and difficult behavior, nervous tension, pallor and dark circles under the eyes, undue fatigue, leg aches ("growing pains") and respiratory symptoms such as stuffy nose, chronic coughing and wheezing.

"While any one of these symptoms may be due to other causes, most people, and many physicians as well, are unaware that they may also be caused by food allergy," Dr. Deamer explains. "When several of these symptoms co-exist, a child may be said to have Allergic Tension-Fatigue Syndrome (TFS)."

Dr. Deamer says that some of these youngsters who were eventually diagnosed as having TFS due to food allergy had first been investigated for anemia, rheumatic disease, an unexplained bowel disorder, or bronchitis. One child was even investigated for a brain tumor because of his headaches. "Food allergy can masquerade as many other diseases," Dr. Deamer points out.

"If milk allergy is suspected in infancy, perhaps due to severe colic, and a soybean formula is used as a substitute for several months, the milk allergy often subsides. If, later on, cow's milk is reintroduced into the diet, it may be tolerated and the conclusion drawn that the allergy to milk has been outgrown. This may actually be the case, and there may be no further trouble from milk. More often, the tolerance proves to be temporary and, after several weeks, symptoms of milk allergy return, but in a different form; instead of colic-like symptoms, the patient may have frequent colds, asthma, or some of the TFS symptoms.

"The period of apparent tolerance before trouble returns, and the change in the nature of the symptoms, continue to conceal the fact that the child's early milk allergy has persisted," Dr. Deamer concludes.

UCSF is renowned as a training center for allergy specialists, and since 1950 has trained 35 such specialists, many of whom, in turn, have developed similar training programs elsewhere; at other UC medical schools, and in Ohio, and Virginia. In addition, postgraduate courses on allergy for pediatricians and general practitioners have been conducted annually at UCSF during the past nine years.

Joan Spiegelhalter

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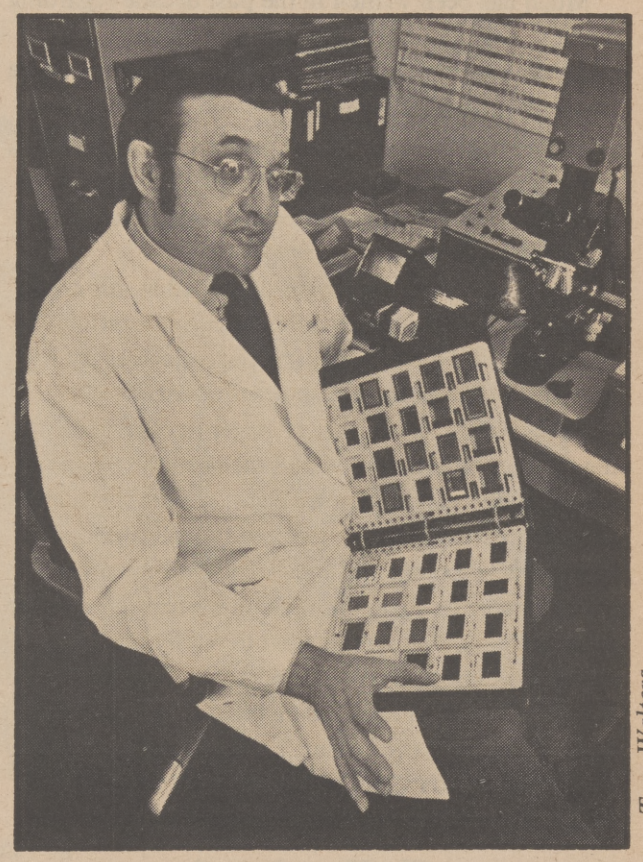
Clinical Scholars



Tom Walters

Dr. Wallace Epstein, Associate Professor of Medicine, directs the Clinical Scholar program which will begin next July.

A new element is being added to traditional courses in medical education. Physicians who enter the innovative program are called Clinical Scholars. In addition to becoming skilled medical practitioners, they will develop expertise in other areas that relate to medicine; such as medical economics, social aspects of medicine, the politics of medicine, and a broad spectrum of factors that determine the quality of health care and its delivery.

The Clinical Scholars select individual research areas which may be concerned with studies that include, for example, the evaluation and reorganization of clinical education, or with assisting government and public service agencies on problems associated with health care and policy planning, or with establishing community health programs.

The demands created by population growth and new technological developments in medicine have increased the need for medical doctors to become directly involved with more than the biological and scientific aspects of patient care. Dr. Julius Krevans, Dean of the UCSF School of Medicine, was formerly a member of a pilot project for the Clinical Scholars program at Johns Hopkins Medical School. He explained the need to develop this new perspective for physicians: "It is hoped that the Clinical Scholars program will help physicians to utilize the knowledge of non-biological sciences to increase the effectiveness of health services. The program is intended to develop leadership that will ultimately result in improved health care."

Pilot projects of the Clinical Scholars program, funded by the Carnegie Corporation and the Commonwealth Fund, were started three years ago at five medical schools throughout the country, including Stanford University. In December, 1973, the Robert Wood Johnson Foundation awarded a three-year grant of $850,000 to the University of California, San Francisco, which will enable development of such a

program at the medical center, and to provide funding for Stanford to continue its program. Courses at UCSF will be integrated with those at Stanford University. Dr. Halsted Holman, Professor and Chairman of the Department of Medicine is responsible for the Stanford program.

The University of California's Berkeley campus will also join the cooperative effort.

"Inclusion of the Berkeley campus adds a new dimension to health care planning," notes Dr. Wallace Epstein, Associate Professor of Medicine who heads the program at UCSF. "Scholars will be able to choose from a wide range of non-medical courses and to work with faculty members of the three campuses."

The Berkeley program is under the direction of Sanford S. Elberg, Dean of the Graduate Division and Professor of Immunology and Medical Microbiology, School of Public Health.

Recruitment of the Clinical Scholars is by an inter-university faculty committee and the program is supervised by a governing board that includes citizens and physicians from the community, in addition to faculty members from all three schools.

The first four physicians have been selected for the program at UCSF which begins this July. They represent the specialties of Internal Medicine, Pediatrics, Surgery, and Family Practice. All four will continue with their clinical training while completing additional studies in their individually designed project.

Depending upon the availability of funding, additional appointments will be made in 1975. A total of 20 physicians will be in the combined UCSF-Stanford-UC Berkeley program by 1977.

Tom Walters

Lupus Patient Program

Irene Kam was 20 years old when the strange rash first appeared on her face. At first she attributed the rash to an allergy, or too much sun, or even the water; in her native Hong Kong their water came pure from the village well.

When the rash persisted, Irene went to the Dermatology Clinic at UCSF where the doctors told her she had a skin disease called Discoid Lupus and prescribed aspirin. "But the aspirin made me sick," says Irene. And it was difficult to convince her parents, who knew little English, that the rash was *not* contagious, as the doctors had assured her it was not. They had never forgotten how very careful they had been to avoid contagion when Irene, in her childhood, had a tuberculous infection of her left knee. In the Chinese tradition, they urged her to seek treatment from an herbalist.

The herbs did not help, the rash persisted, and Irene became so acutely ill that she was hospitalized at San Francisco General Hospital for three months. Her temperature reached extremely dangerous levels and she had to be put in ice packs to reduce the fever. Of that time she remembers only: "I was out of my head." The doctors diagnosed Systemtic Lupus Erythematosus (SLE).

SLE belongs to a class of diseases loosely called the immune complex diseases in which the normal protective immune system of the body becomes self damaging. Why this happens, no one knows. These diseases range from hay fever to rheumatoid arthritis, and about 12 different ailments lumped under the name of arthritis.

SLE is compartively rare, but a major medical center such as UCSF may see as many as 150 patients undergoing treatment and follow-up at any given time. SLE can be fatal. About 80 percent of patients are female and it strikes young women predominantly, carrying disfigurement in its wake . . . at the very time in their lives when attractiveness plays such an important role. Often, arthritis is its first symptom, but unlike other forms of arthritis, SLE may seriously injure the kidneys, blood, and other vital organs.

The most serious complication is kidney damage. Of the 67 patients studied in a recent UCSF program, 31 were found to have serious kidney involvement.

Today, however, the grave outlook formerly given to patients with SLE has been radically improved by the research and treatment program at UCSF. Says Dr. Wallace V. Epstein, Associate Professor of Medicine and Chief of the Rheumatic Diseases Clinic; "We have been able to reverse the former high mortality rates previously reported for patients with this disease."

Dr. Epstein attributes the marked improvement in survival rates to two important factors: (1) decisions concerning drug therapy based on monitoring of the patient's condition by blood and urine tests and (2) improved follow-up.

Some of the tests were developed in the UCSF Rheumatic Research Laboratories, and Dr. Epstein credits much of the success in follow-up to the establishment of a patient discussion group. This group is composed of patients with SLE who meet twice monthly to discuss their mutual problems and to learn about their disease from physicians and other counselors.

Irene attended a few of the "Group" meetings, but a severe conflict developed about her treatment. Her parents did not understand her disease. They believed it was the medication that was making her ill and urged her to go to an acupuncturist. They also thought it was the medicine that made her hair fall out. In fact, it was the disease process. The acupuncture not help, and Irene's feeling of alientation from her warm family ties increased. "Chinese children do not defy their parents," says Irene. She grew more discouraged and depressed, dropped out of college, and stopped taking her medication.

Inevitably, Irene again became very ill and was hospitalized at Moffitt Hospital for five months. She nearly died. She lost 50 pounds from her small frame and became disoriented from reality. "I lost my mind," says Irene. "I would not cooperate in my treatment. I just gave up . . . if I didn't take the medicine I would die, if I did take the medicine I would have to keep fighting my mother."

After Irene left the hospital she began to attend the "Group" which had been initiated by Gina Clewley, a UCSF social worker, who believes that the alientation and hopelessness experienced by many of the patients could be dispelled by a sharing of experiences and feelings. Since the group's inception, three years ago, patients and physicians alike are enthusiastic about it. Miss Clewley interviews new patients and their families to gain insight into family dynamics that might prevent the patients from fully cooperating in their treatment, as was the case with Irene. The acute onset of the disease, the personal and family distress produced, the mounting costs of drugs and hospitalization, and the almost uniform ignorance about the disease have made effective outpatient management truly a team effort. Miss Clewley visits patients in their homes and in the hospital and is the liaison with Public Health nurses and visiting nurses.

Since the patient group has been in existence, the morale of patients with SLE has taken an upswing, resulting in a hopeful attitude where before there was despair. With a better understanding of their disease, they become more cooperative with their physician's advice about medication and returning at frequent intervals for the laboratory tests which monitor their condition.

"The key to our success lies in the cooperation of the patients in submitting to the greatly improved tests we now have," says Dr. Epstein. "We have seen several suicide attempts, disease- and drug-related personality changes, and the severe strain put on families from mounting costs of treatment. We have to combat the feeling of hopelessness before we can treat patients with SLE effectively, and the patient group does just that.

"These patients *must* take drugs, and the trick is to use the least amount possible of these agents for the least amount of time," Dr. Epstein explains. "Now, with our improved laboratory tests, we can detect changes that signal the imminence of an acute flare-up of the disease *before* it develops, and while the patient still feels well. Then, modest increases or changes made in medications can ward off or lessen the severity of the attack."

Irene Kam says that the lupus group meetings helped her to feel "less lonely." There were other people who had the same problems as she, and they were able to talk about them. Once the loneliness and feeling of being alienated lessened, Irene began to develop friendships in the group. Also, her parents understood her disease better because they had seen her health improve due to her treatment.

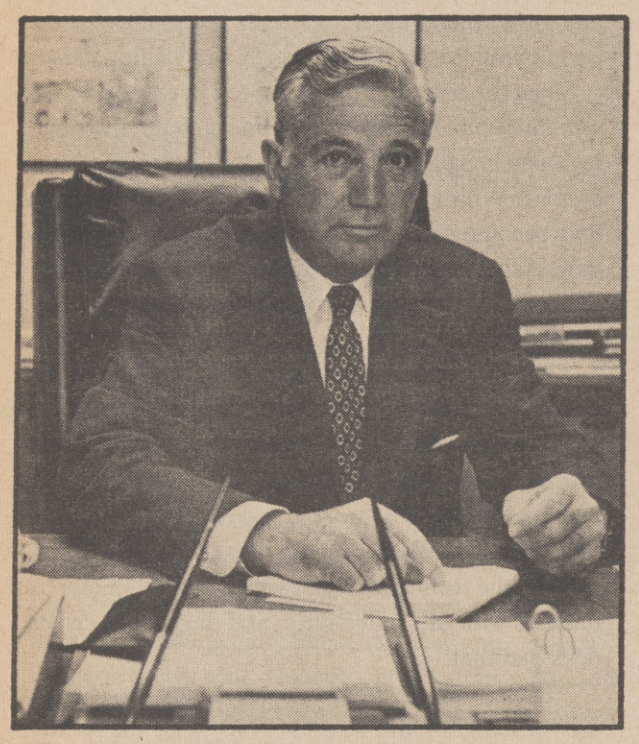
Irene is now 24 years old, and though she has had to give up her cherished dream to become a doctor she is determined to "live as normally as possible" and to have a happy and productive life. She is now studying to prepare herself for work in the business world. She especially enjoys reading Chinese literature, and has translated some of these works into English.

Now Irene can assure other young women in the group that their rashes, too, will go away . . . that their hair will grow again . . . and that certain side-effects from the drugs are only temporary. She can extend to them the emotional support she herself received that was so vital to her return to health.

Research into the causes of the immune complex diseases continues, but meanwhile the treatment and hope for a cure is very much at hand.

Joan Spiegelhalter

Memo



The Extended University, a three-year pilot program to provide increased opportunities for baccalaureate and graduate degrees through part-time study . . . is at mid-point.

The program was created one and a half years ago to develop and test modified approaches to higher education. It offers degree programs to those who are qualified to engage in University studies, but who are now effectively denied access because of work obligations, finances, location, home responsibilities, or other impediments to full-time study.

At the present time there are nineteen pilot programs authorized for the 1973-74 academic year, among them the San Francisco campus' program for Registered Nurses leading to a Bachelor of Science degree in Nursing. Several other programs are also offered through the University Extension on Laguna Street here in San Francisco.

The basic objectives of the Extended University programs are: To provide selected experimental degree programs for part-time students; to experiment with off-campus programs and new or novel approaches to instruction; to explore alternative approaches to admission, campus residency, and advanced standing; to utilize "consortium" or multi-campus programs; to develop cooperation between the University of California and California Community Colleges; to design new curricula specifically for part-time students; and to develop the ability to provide these and other similar programs on a cost-effective basis.

It is anticipated that the use of the electronic media to increase the effectiveness of the Extended University will be expanded in future programs.

The Extended University program is young, with many of its objectives yet to be met. It is anticipated that a significant number will be accomplished by the time the pilot phase comes to an end in June, 1975. The responsiveness and interest of regular students, campus faculty, and administrators are optimistic signs for continuation and expansion of this new program.

FRANCIS A. SOOY, M.D., *Chancellor*

Communities

Centro Latino

Every school day morning just after 7 o'clock, the children begin trooping into the Centro Latino neighborhood house, a rambling, brown-shingle landmark at 25th and Potrero.

There are little ones wearing stocking caps and spinning yo-yo's, and bigger ones carrying school books and baseball mitts. Brown, white, black, oriental children arrive in groups or alone to begin the day with a good breakfast. Over the next two hours, as many as 120 will come and go.

They sit at long, low tables where the free breakfast is served by vivacious Spanish-speaking women. There are pitchers of cold juice and hot or cold chocolate milk. The main dish is sometimes tacos, or tostadas, with cheese, beans and tomatoes . . . and sometimes it is pancakes. Always, it's a nourishing meal, expertly prepared in the immaculate kitchen.

Serving the Community

An advisor to the breakfast program, as well as other health programs at Centro Latino is Dr. Delmar Pasco, chief of the Children's Clinic at San Francisco General Hospital, just up the street. Another staunch supporter of Centro Latino is David Sanchez, Ph.D., of the hospital's Division of Outpatient and Community Services . . . and former president of the San Francisco Board of Education. These two "good neighbors" of Centro Latino are also members of the Board of Directors of the Center, which offers a multitude of services to people of all ages.

Centro Latino is alive with activity at all hours of the day and evening. For children and youth there are athletics of all kinds, tutoring, a pre-delinquency counseling program called "Youth at the Crossroads," summer employment, arts and crafts, Girl Scouts and other youth groups—and more. A pre-school parent cooperative nursery program has been housed in the building for many years, and Centro Latino is headquarters for a newspaper, published for the Spanish-speaking community by students from San Francisco State University.

Programs for adults and senior citizens range from classes in "English As a Second Language" and Americanization to Peruvian weaving. There are luncheons with music and entertainment, fiestas, excursions, wedding receptions and baptisms at this happy "home away from home" for the community.

Centro Latino was organized seven years ago under leadership of the Catholic Youth Organization of the San Francisco Archdiocese. Financing comes from various sources, including the United Crusade. The breakfast program is partially subsidized by the Federal government, as are some salaries. Educational activities are supported by the Unified School District and Community College District. Business organizations, men's service clubs, the Police Department and many interested individuals provide other assistance.

Community Medicine

As members of the faculty of the University of California School of Medicine, and Ambulatory and Community Medicine, Dr. Pascoe, Professor of Pediatrics and Dr. Sanchez, Assistant Professor of Ambulatory and Community Medicine, are instructors for a clerkship for fourth-year medical students. Those enrolled in this credit course are required to spend a given amount of time at Centro Latino and other community settings. Similar experience and training is available on an elective basis to any medical student, intern, or resident.

Community medicine, at its best, means meeting the health needs of people in neighborhoods where they live and in terms they can accept. For health professionals who want to take on this kind of challenge, an urban area such as San Francisco's Mission District abounds with opportunities.

An estimated 130,000 Spanish-speaking people live in the Mission. They come from many parts of

E. Kolsanoff

The whimsical wooden horse outside Centro Latino was built by parents of the cooperative nursery with guidance from Jay Beckwith, who has designed imaginative climbing equipment for many San Francisco playgrounds.

South America, with the largest percentage from the Central American countries and Mexico. There are also many Anglo families as well as Blacks, Samoans, Filipinos, and American Indians.

Although members of all these groups use the services of Centro Latino, a Latin atmosphere prevails. The Center's Director, Fabio De La Torres, and the Executive Director "Chuck" Ayala, who is employed by the CYO, are of Latin American descent, and bi-lingual, as are most members of the staff.

Casa De Socorro

Providing an important link with SFGH is Centro Latino's "Casa De Socorro." the same kind of "mini" clinic one finds in neighborhoods throughout Mexico. Supervised by a Licensed Vocational Nurse, the "Casa De Socorro" at Centro Latino is primarily a first-aid station for minor injuries occurring at the Center itself. Nonetheless it is the sort of facility many Spanish-speaking people were used to before coming to the United States.

When the injury is serious enough to require medical attention, or the nurse becomes aware of any health problem needing a doctor's services, the fact that Centro Latino has friends at nearby SFGH makes the clinic services at the big General Hospital seem less formidable. Also, the current medical student assigned to make regular visits at Centro Latino tends to become a trusted figure whose duties include "rap sessions" on health problems such as drug abuse and venereal disease, and doing physical examinations. At the "Casa De Socorro" routine physicals are performed for hundreds of children who enroll at summer camps.

Other Good Neighbors

Although it has no direct affiliation with Centro Latino, the Latino Assessment Center at SFGH also performs a vital service for the Spanish-speaking community. This program, a joint endeavor of the Unified School District, the Department of Public Health, and SFGH, provides complete medical and educational screening for any Spanish-speaking child entering school in San Francisco. All staff members must be able to communicate with families in Spanish and, even more important, they must be sensitive to the cultural values of Spanish-speaking people. In addition to the Latino Assessment Center, the regular backup services of the SFGH Children's and Family Clinics—including the Pediatrics Clinic's own special Learning Evaluation program—are available to all who need them.

For some time, the staff of the SFGH Outpatient Division has been committed to making San Francisco General Hospital more responsive to the needs of the community. The "good neighbor alliance" with Centro Latino is one heartwarming way in which this goal is being realized.

Claire Wray

Coming Events

ATTENTION NURSES

The San Francisco Chapter, American Association of Critical Care Nurses, welcomes interested nurses to its regular meetings, held on the second Wednesday evening of each month at Franklin Hospital. Topics include such subjects as chest examination, fluid and electrolyte balance, cardiac drugs, long-term mechanical ventilation, respiratory gas exchange, and many others. Further information may be obtained by writing to the Association at 656 Forty-fourth Avenue, San Francisco, CA 94121.

FAMILY FORUM

The Family Health Center of SFGH, quarters of the Family Practice Residency Program of UCSF, invites interested persons to attend the "San Francisco Family Forum," a year round cycle of conferences on family processes and family change.

Carlos Sluzki, M.D., is coordinator of these conferences, held at Carr Auditorium, the Pathology Building, SFGH, every other Thursday from 11 to 12:30. The following lectures are scheduled during April and May:

April 4, "An Editor's Report," Donald A. Bloch, M.D., Director, Nathan W. Ackerman Family Institute, New York and Editor-in-Chief of "Family Process"; April 18, "Husband-Wife Communication Before Hospitalization of a Spouse for Mental Disorder," John A. Clausen, Ph.D., Professor of Sociology and Research Sociologist, Institute of Human Development, U.C. Berkeley; May 2, "Co-therapy: A Critical Appraisal," Harvey G. Lapides, M.D., Department of Psychiatry, UCSF (S.F. Veterans Administration Hospital); May 16, "Self-Help Factors in Peer Oriented Multi-Family Therapy Groups," Edward Gould, Ph.D., Assistant Professor in Residence, Department of Psychiatry, UCSF.

ETHICS AND HEALTH CARE

Dr. Michael J. Casella, Visiting Associate Professor in the Department of Psychiatry at UCSF will present a series of lectures and discussions of the Ethical Basis of Health Care. The lecture will be given during the Spring Quarter on Wednesdays from 12 noon till 2:00 p.m. in HSW 303. Dr. Casella is Associate Professor of Philosophy at San Diego State University. For further information call Kay Reed, 221-4810, Extension 586.

For Physicians Who Treat Alcoholics

Charles Becker, M.D., Director of the Alcohol Detoxification Unit and head of the Division of Clinical Pharmacology at San Francisco General Hospital, is the president of the recently organized California Society for the Treatment of Alcoholism and Other Drug Dependency.

The California Medical Association assisted in forming this new organization as a service to physicians who treat alcoholics and other drug dependent patients. Membership is restricted to physicians and open to those with direct involvement with patient care or research.

"There are at least 10 million alcoholics in the United States," says Dr. Becker, UC Assistant Professor of Medicine. "Despite the fact that alcoholism causes more health problems than any other drug, less than 10 percent of medical schools offer any specific education on diagnosis and treatment of alcoholism."

The Society, first organized group of its kind in the United States, will co-sponsor the fifth annual UCSF Conference on Alcoholism and Drug Abuse, April 20 and 21, in the Medical Center's Cole Hall. For information about this conference, write UCSF, Continuing Education in Health Sciences, San Francisco, CA 94143.

Tutors Needed

Volunteers are urgently needed to help elementary and junior high youth with homework (stress on reading, spelling, math) at the Earl Paltenghi Youth Center, 1525 Waller St. (between Belvedere and Clayton). Tutoring is needed weekdays after school or during evening hours. Ask for D. Thomas, Educational Coordinator, Tom Anderson, or Rev. Bill Miller. Telephone 661-1870. The Youth Center is a United Crusade agency located at Hamilton Methodist Church gym.

Communication and the people who make it work

Most of us use and abuse the telephone without considering its complex system. One of the most widely available means of communication, it is an instrument that is used as an integral part of daily life. Like the dry well, the telephone isn't really missed until it doesn't work.

At UCSF, the lines are kept functioning by an unseen group of men and women. In one corner of Millberry Union garage, a large, sunlit room is the hub where incoming calls are received, questions answered, pages placed, and a variety of emergency signals processed.

In an adjoining area, a staff of eight telephone employees keep the thousands of lines in top condition. Repairmen and installers work directly out of this campus location.

Irene Holland, Communications Supervisor at UCSF has some helpful suggestions for better telephone service.

Answer promptly with name or department.

If you must leave the line, let the caller know you are doing so.

Use tie-lines to call other campuses. Check the campus directory (pg. 4) for off-campus areas that can be called on the tie-lines. This will save your department money.

Be patient and courteous. Calls from outside and transfer calls on campus go into an automatic distributing system where they wait in line for the first operator whose line is free. The ringing is for your "comfort" and does not reach the operator. Calls are picked up within three seconds by the operators.

UCSF was the first University campus to install Centrex. A new identification system was recently installed which automatically bills the call to the extension number from which it was placed. To charge calls to other numbers (home phone, credit card, office, etc.) dial 9 plus 0 plus number and give third-party billing.

Larceny, petty and grand, sometimes is committed with the telephones on campus. Departments should check the telephone bills and notify Irene Holland about questionable charges. Unique tracing techniques are able to identify persons placing and receiving calls.

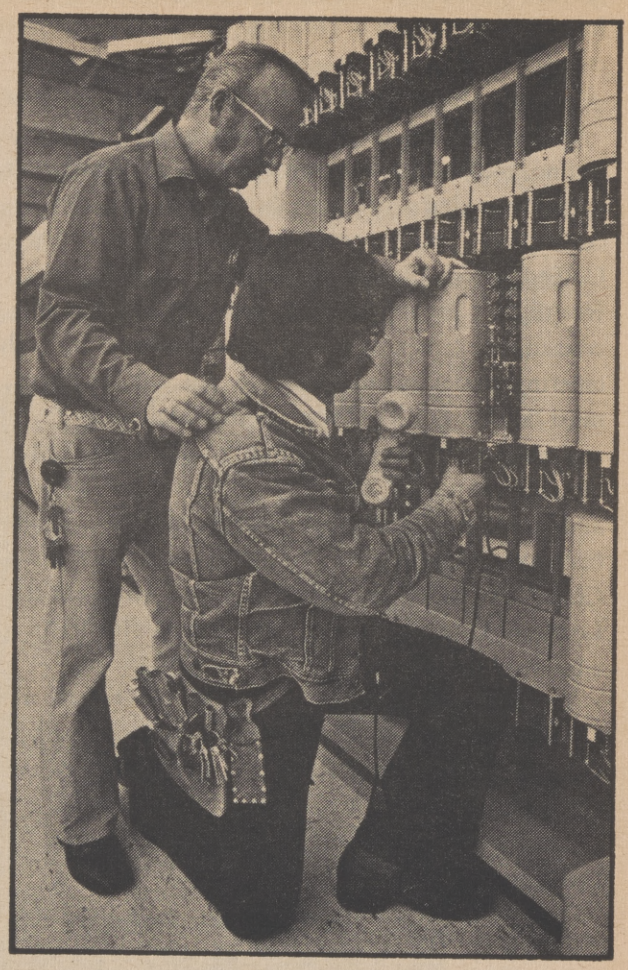
Know your emergency call numbers for accidents, police, fire, etc. as they are listed on the poster in your department.

Here are a few primary numbers to remember.

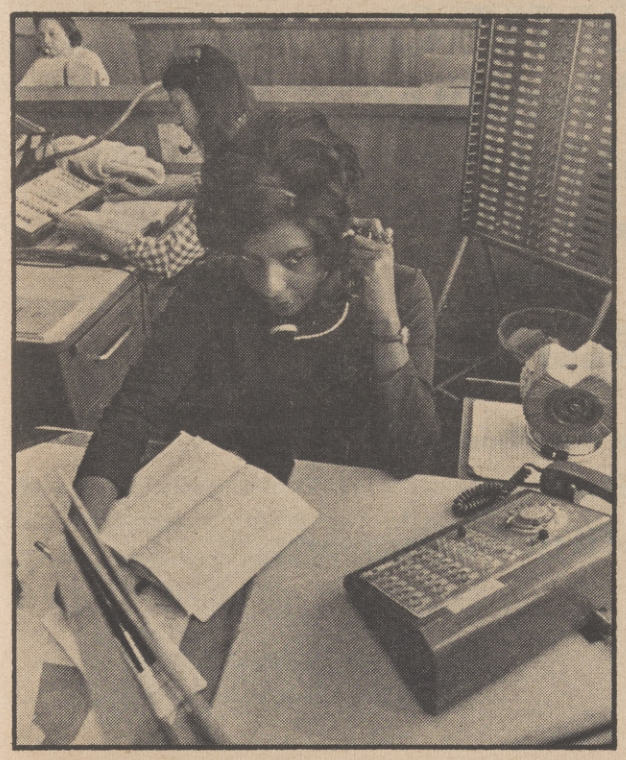
DIAL

Campus Operator	0
All Outgoing Calls	9
Tie-Line System (see Page 4, Campus Directory)	8
Langley Porter Tie Line	7
Pocket Page	52
Conference Calls	51

Francine McInerney at a console with giant-size roll file.

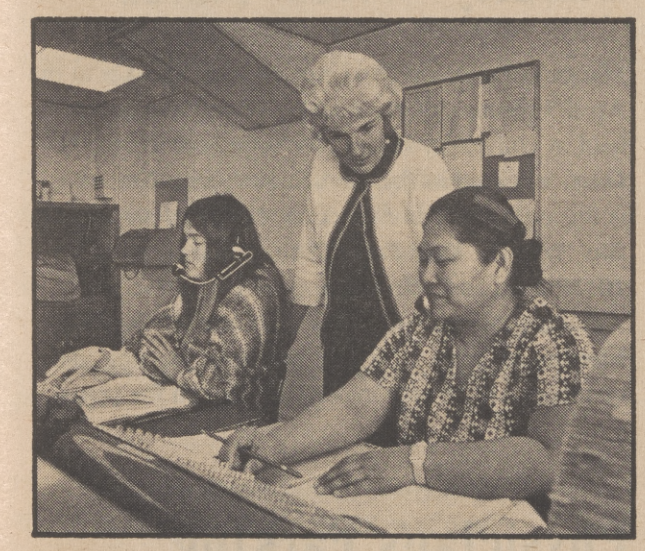


Larry Beckett (left), foreman, checks out equipment with Camilo Dedet, a PBX installer.



Taking her turn at the page position is Beverly Anderson.

Some of the telephone operators at UCSF pose with Supervisor Irene Holland. From left to right they are: Judy Bogart, Mabel Freitas, Anna Medina, (Irene Holland) Mary Freese, Kathy Fox, Anne Nichols; and seated are Beverly Anderson and Vera Costa.



Irene Holland talks briefly with Gertrude Garabato who can answer inquiries in Tagalog or Spanish. Miss Holland is fluent in French and other operators can speak Chinese, Portuguese, and Swedish.

Bob Burns, PBX repairman, tests a line with his portable yellow telephone. There are eight telephone company employees who install, repair, disconnect, and trouble-shoot telephone services at UCSF.

Photos by Tom Walters

On Campus

Personnel Notes

LIFE INSURANCE TRIAL PROGRAM

A University policy that required employees who enroll in any health insurance plan to also enroll in a life insurance program will be eliminated during the period between February 1, 1974, to January 1975. Current employees may cancel their life insurance coverage during this experimental program and new employees will not be required to enroll. Rates will remain the same.

Results of the experimental program will determine whether the life insurance requirement will be deleted permanently for all campuses and whether rate increases may become necessary at a future date.

If an employee cancels a life insurance policy, the Dependent Life Insurance is also canceled.

Insurance enrollments and cancellations must be presented on Form 1630 (R5/73). This form, as well as the questionnaire which must accompany it may be obtained in each department.

Employees who cancel the 1, 2, or 3 times annual salary life insurance plans should be aware that they will no longer have the Long Term Disability Benefit. If they re-enroll in life insurance at a future date, a one-year waiting period must lapse before the long-term disability benefit becomes effective, again.

For further details about rates and coverage of life insurance plans employees should consult the brochure entitled "U of C Employee and Dependent Group Life Insurance." A copy is available in each department and additional copies may be obtained by calling Janet Fishler or Marcia Cavanagh on Ext. 4741.

CHECK YOUR EMPLOYMENT BENEFITS

It pays to check your employee benefits when leaving the University. No matter what your reason for leaving University employment, it's a good idea to find out what benefits you're entitled to receive before you go. The task is easy with a checklist of employee benefits—available from your department or campus personnel office.

A checklist tells what happens to your sick leave, vacation time, group health insurance, life insurance, and retirement contributions. It also alerts you to any state or federal benefits you may be qualified to receive.

Since the status of each benefit changes according to your reason for leaving, there's a separate checklist to cover each departure situation—layoff, termination, leave without pay, sabbatical, disability, and retirement. Just ask your departmental representative for the checklist that applies to your situation.

REMINDER

The Personnel Office training course entitled "Developing Women's Potential" will be given May 2, 9, 16, and 23 from 3:30 to 6:30 P.M. Instructor is Caron Ann Winfrey. Registration forms are available in Room 64 U. There is a $25.00 registration fee. For further information call Extension 1150.

HOMECOMING
School of Medicine
ALUMNI

Don't Miss It!

May 11, 1974 Saturday

LUNCHEON at noon in Millberry Union
SYMPOSIUM 2-4 p.m. in Toland Hall (including x-rated movie of Class of '49)

BANQUET and no host reception at the Fairmont Hotel

Class of 1949 Twenty-fifth Anniversary

Appointed

Lloyd H. Smith, Jr., M.D., Professor and Chairman of the Department of Medicine was elected President of the California Academy of Medicine, 1973-74 and of the Western Association of Physicians, 1974-75.

Seymour M. Farber, Vice-Chancellor for Public Programs and Continuing Education at the University of California was elected Chairman of the Advisory Council to the California Legislature Joint Committee on Telecommunications.

Urology Teaching Films

The Division of Urology now has a color, video-cassette system that is available to present teaching films. A standard color television set, located in the cytoscopic suite, may be used to view films concerned with urological medical and surgical subjects. Dr. Donald Smith, Chairman of the Division, invites individual staff members, residents, interns, and medical students to study these medical science teaching films.

New films will be added to the audio-visual library by Eaton Laboratories, which currently has the largest collection of urological films available to the medical profession. The videocassette system was loaned to the Division of Urology at UCSF by Eaton Laboratories on a long-term basis.

Faculty Wives' Notes

Margaret Patterson Doss will be guest speaker at the April 3 meeting of the Faculty Wives' meeting to be held in University House, 66 Johnstone Drive. Mrs. Doss, a columnist for the San Francisco Chronicle, is the author of *San Francisco At Your Feet* and *The Bay Area At Your Feet*. The meeting starts at 10:30 a.m. and refreshments will be served.

Faculty Wives' will hold their annual Business Meeting on May 1. It is a luncheon meeting and members will be sent invitations. Watch for yours.

Physician's Parking

To provide additional parking facilities suitable to the needs of physicians attending patients on campus, 16 spaces behind U.C. Hospital have been established for four-hour parking by A and C permit holders. This is in addition to those spaces so designated some months ago in the lot adjacent to the East wing of Moffitt Hospital.

Signs have been placed designating the four-hour area, and the curbing is painted green.

Job Interview Do's and Don'ts

Many inquiries are received at the Affirmative Action Office about the legal do's and don'ts of job interviews. It is important that both the interviewer and the job applicant be aware of an interviewees rights.

The California Fair Employment Practice Act, like other FEP laws, provides that no pre-employment inquiries or specification, direct or indirect, may be made concerning a job applicant's race, religious creed, color, national origin, or ancestry. The Act does not otherwise limit the right of employers to seek full information about prospective employees or to establish the job-performance qualifications they consider essential. Whatever qualifications or standards are set, however, must be applied equally to all persons.

Lawful Pre-employment Inquiries

"Have you worked for this company under a different name?"

"Have you ever been convicted of a crime under another name?" Applicant's place of residence. How long applicant has been resident of this state or city.

"Can you, after employment, submit a birth certificate or other proof of U.S. citizenship or age?"

Requirement that applicant state his age and submit proof thereof in the form of a certificate of age or work permit. "If hired, can you furnish proof of age?" /or/ Statement that hire is subject to verification of age.

Color of applicant's eyes or hair.

Statement that photograph may be required after employment.

"Are you a citizen of the United States?" "If you are not a citizen, have you the legal right to remain permanently in the U.S.? Do you intend to remain permanently in the U.S.?"

Languages applicant reads, speaks or writes fluently.

"Have you ever been convicted of any crime?" If so, when, where, and disposition of case?

Name of applicant's husband or wife, and minor dependent children.

Names of applicant's relatives already employed by this company. "Do you live with your parents?" Name and address of parents or guardians of minor applicant.

Organizations, clubs, professional societies, or other associations of which applicant is a member, excluding any the names or character of which indicate the race, religious creed, color, national origin, or ancestry of its members.

Unlawful Pre-employment Inquiries

Former name of applicant whose name has been changed by court order or otherwise.

Birthplace of applicant. Birthplace of applicant's parents, spouse or other relatives. Requirement that applicant submit a birth certificate, naturalization or baptismal record.

Complexion, color of skin, or other questions directly or indirectly indicating race or color.

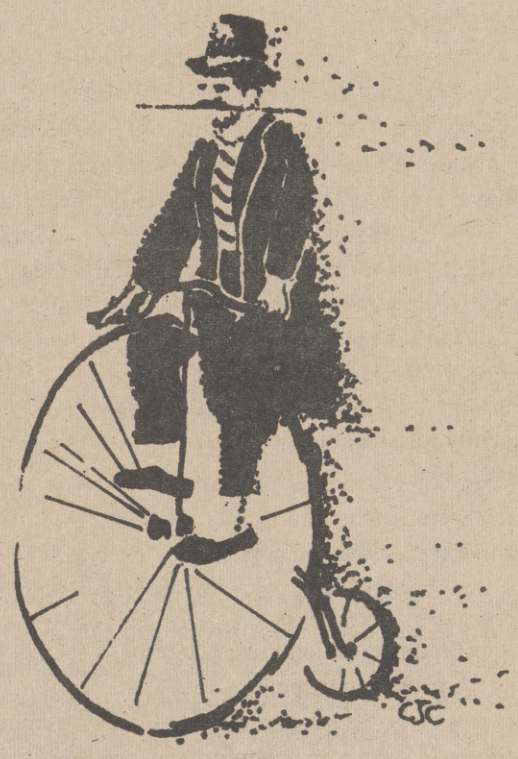
Requirement that applicant affix a photograph to his application form. Requirement of photograph after interview but not before hiring.

"Of what country are you a citizen?" Whether applicant or his parents or spouse are naturalized or native-born U.S. citizens. Date when applicant or parents acquired U.S. citizenship. Requirement that applicant produce his naturalization papers or first papers. Whether applicant's parents or spouse are U.S. citizens.

Applicant's nationality, lineage, ancestry, national origin, descent or parentage. Date of arrival in U.S. or port of entry; how long a resident? Nationality of applicant's parents or spouse; maiden name of applicant's wife or mother. How applicant acquired ability to read, write or speak a foreign language.

Name or address of any relatives of adult applicant other than applicant's spouse or children.

List all organizations, clubs, societies, and lodges to which you belong."



Ride a Bicycle

The Business Services Office is interested in compiling a Bicyclist Mailing List to be used to send information to our campus bicyclists. Anyone interested should contact Jim Wood at Extension 1511 or mail your name, campus address, and telephone number to this office—1379 Third Avenue.

Bicycle insurance is also available. The policy provides complete coverage for physical damage in case of total loss and includes a $25 deductible provision in the event of partial loss. The premium is $12 for the first $100 coverage and $4 for each additional $50 coverage. The policy does not provide bodily injury or property damage liability protection. Forms are available in the Campus Parking Office on the "H" Level of Millberry Union garage and should be returned directly to the insurance company address indicated on the form. In the event of loss, claim information also should be submitted directly to the company.

Fourteen additional bike racks are being installed on the "A" Level of Millberry Union garage near the Irving Street entrance and the area enclosed with cyclone fencing and combination lock gate. On the "H" Level of the public garage near the Parking Attendant's booth, 6 more racks are being installed.

Please watch for further announcements and details.

Auxiliary

Musical Evening a Success

Mrs. Ralph Audy, President, UC Hospitals Auxiliary, expresses "special thanks to all who made the Auxiliary's first 'Musical Evening' such a success. This includes all the performers and friends of the Auxiliary, and especially 'Maestro' E. P. Engleman, M.D., who organized and directed the program."

The February 26 concert of classical, light classical and jazz music was presented by talented members of the UCSF School of Medicine faculty, and by guest performers.

It was held in the Forest Hills Garden Club, a building designed by the late Bernard Maybeck. The wood-paneled interior and beamed ceilings of the building were brightened by the handsome scrolls of William Farnan and clusters of red azaleas.

Surprise of the evening was a trio composed of two musicians and a dancer who provided an energetic Middle East dance. The exotic dancer revealed that she was in everyday life a UCSF medical student. Drs. Julius R. Krevans and Gerold M. Grodsky assisted in demonstrating some of the fine points involved in the art of dance.

Chancellor and Mrs. Francis A. Sooy were among the 150 people who attended the "Musical Evening" and Chancellor Sooy made a special donation to the benefit event. "We are most grateful to Chancellor Sooy and to others who made donations—all will be acknowledged," said Kay Audy.

"The Auxiliary raised approximately $4000 (less expenses amounting to $800 and including printing of invitations and postage; food and service and flowers). All champagne was donated through the courtesy of Richard Ham, a past president of the Auxiliary Board, and all pastries served at the reception were made by the ladies of the Auxiliary."

Sparkplug behind the recent "Musical Evening" was Mrs. Robert B. Hutchins, Jr., who served as chairperson of the successful benefit.

Shelley Hutchins, a slender, stylish brunette bundle of energy, has been a member of the Auxiliary's board of directors since 1972. A registered stockbroker, she is currently vice-president of J. A. Sanford Company. Her husband is a trial attorney and they have a son, Douglas, 4. Shelley is a past Assistant Director of National Aid to the Visually Handicapped and the First Vice-President of San Francisco Suicide Prevention, Inc. She is active in the Junior League, is on the executive committee of the Girls Recreation Club; belongs to the Little Jim Club of Children's Hospital; and is a budget panel volunteer for United Bay Area Crusade.

In addition to these and other community activities, she is an accomplished horsewoman and the winner of many ribbons and trophies.

The benefit concert made it possible for the Auxiliary to surpass its goal of $5000 to be used for a Meditation Room for the use of families and friends of patients. Donations received for this and other projects from February through March will be acknowledged in the April issue of UCSF News.

Moving

Expanded office, working, and storage space has been made available to the UC Hospitals Auxiliary through the efforts of Hospitals and Clinics Director Robert A. Derzon, and Assistant Director William Gonzalez. The three-room suite is located at 1332 Third Avenue; the Auxiliary's phone number, 666-4906, is the same as in the past. Mrs. Sue Mumford is the new Secretary for the Auxiliary.

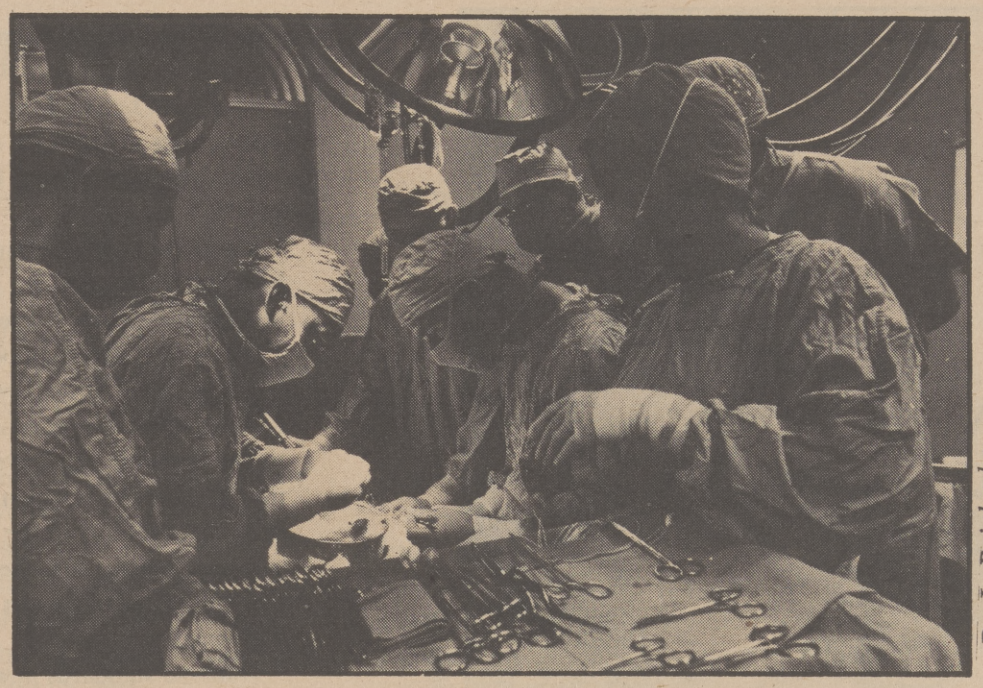
During the month of April, an exhibit of prints by Henry Evans will hang in the Moffitt Hospital lobby. These are prints which have not been shown previously.

Have You Joined?

Auxiliary Membership Application
Fill this out and mail to: UC Hospitals Auxiliary, Moffitt Hospital, UC San Francisco, San Francisco 94143.
NAME _____
ADDRESS _____
_____

Type of membership: Active—$10 per year; Alumni—$10 per year; Volunteer (those active in volunteer service in UC Hospitals)—$2 per year; Student—open to all students and their spouses—$2 a year; Contributing—$25 per year; Sustaining—$50 a year; Patron—$100 a year; Sponsor—$150 or more per year; Life—$500. Membership is tax deductible.

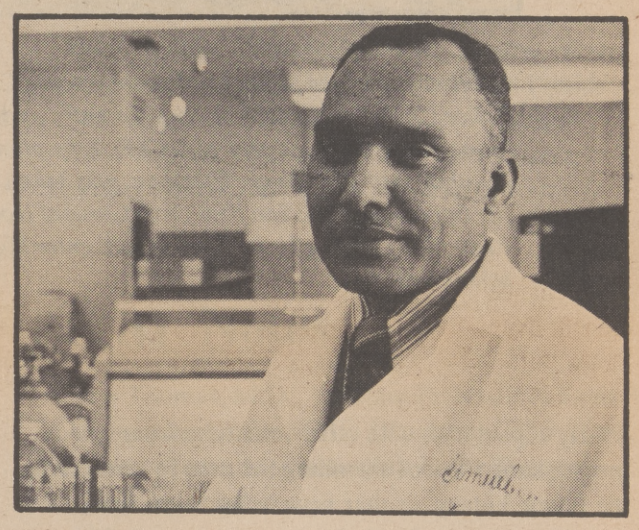
Hospitals and Clinics: Synergy



Dr. L. Reinbacher

During the past ten years, more than 600 kidney transplants have been performed at UCSF. The need for donors is great. In Northern California, alone, there are 240 patients on chronic dialysis who are waiting for transplants.

Dr. John Najarian, first Director of the UCSF Transplant Service. He became Professor and Chairman of the Department of Surgery at the University of Minnesota in 1967.



Dr. Samuel Kountz, Director of the UCSF Transplant Service from 1967 to 1972. He accepted an appointment as Professor and Chairman of the Department of Surgery at Downstate Medical Center in New York.

Dr. Folkert Belzer, Professor of Surgery and current Director of the UCSF Transplant Service. He developed the Belzer Perfusion Pump that can maintain a human kidney for a period of 72 hours after removal from the donor; thus allowing extra time for tissue typing and locating a matching recipient for transplantation.

Transplant Service Anniversary

The first kidney transplant operation at UCSF took place on January 8, 1964, a little more than ten years ago. In the decade since the renal transplantation program was initiated here by Dr. John Najarian, over 600 kidney transplants—more than at any other medical center in the United States—have been performed at UCSF.

There have been about 12,000 renal transplants worldwide, of which 7,000 were performed in the United States.

Dr. Folkert O. Belzer, Director of the UCSF Transplant Service, emphasizes: "Our goal has been to achieve the lowest possible mortality for this type of operation while helping as many patients as possible to return to normal lives."

In 1967, Dr. Belzer, with Dr. Samuel Kountz, then Director of the Transplant Service, continued the work begun by Dr. Najarian, who left to head the Department of Surgery at the University of Minnesota. In 1972, Dr. Kountz accepted an appointment as Professor and Chairman, Department of Surgery at Downstate Medical Center. He was succeeded on the UCSF Transplant Service by Dr. Oscar Salvatierra.

Kidney transplantation has advanced from the stage of pioneering research to become an ordinary surgical procedure. Ten years ago, a kidney transplant patient remained in the hospital for three months; today, the patient stays about three weeks, and the cost of care has declined accordingly.

"The mortality for kidney transplants at UCSF is less than 10 percent, which is equal or lower than for chronic patients kept indefinitely on dialysis (artificial kidney machines). Our aim in performing transplants is not merely to prolong lives, but to restore health," says Dr. Belzer, a warm, forthright man born in Indonesia of Dutch parents.

"The transplant patients here have ranged from infants to persons in the late fifties, with the largest percentage in the mid-forties to mid-fifties. Close to 100 have been children.

"One of our early transplant patients, a boy in high school at the time, has finished college, is now married and supporting a family. Many of the patients are young people in their twenties, with families."

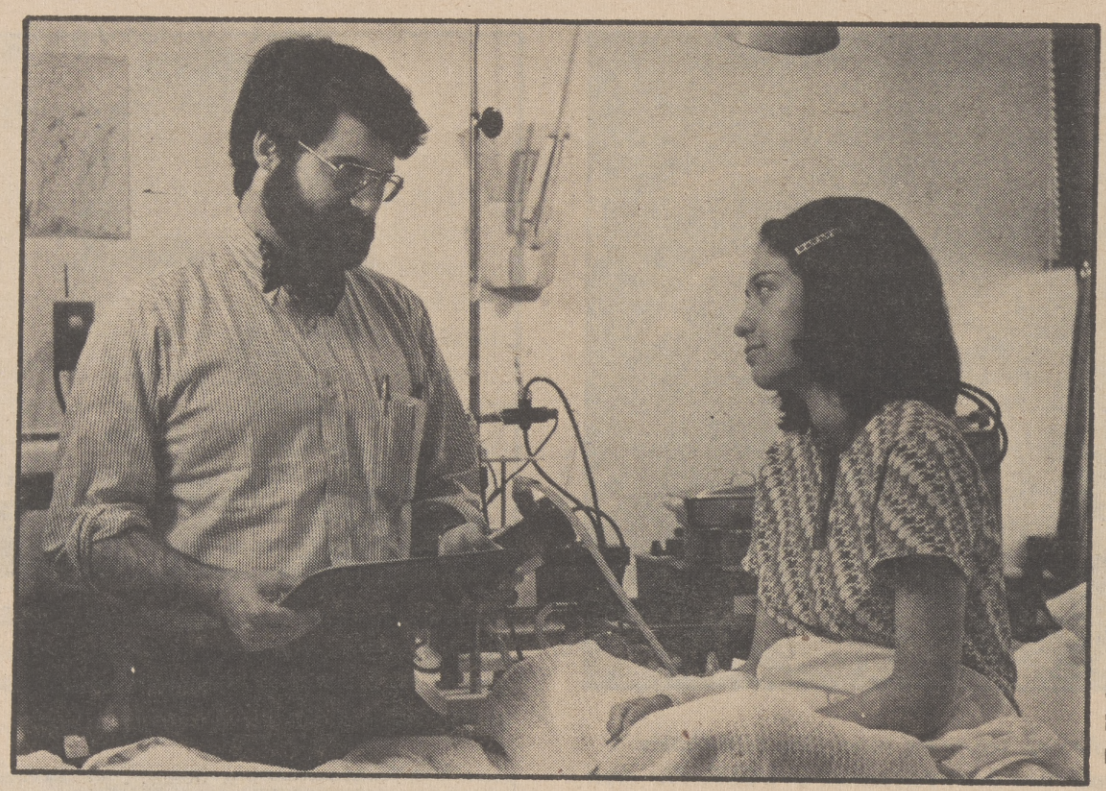
The first kidney transplant in the United States was performed by physicians of Harvard Medical School in 1947 when a healthy kidney was placed in the thigh of a young woman whose own kidneys had stopped functioning. The operation saved her life until her natural kidney function could be restored. Ten years later, at the same medical center, a kidney was successfully transplanted into the body of a young man from that of his twin brother.

In identical twins, the genetic "match" is perfect, and in the case of close relatives, the chance of transplanting a compatible organ are greatly enhanced. Conversely, a problem which has perplexed researchers from the earliest days of transplants has been finding ways to prevent rejection by the body of an organ from a non-related donor. The development of immunosuppressive drugs and improved techniques of donor-recipient matching through tissue typing have dramatically increased the survival rate, however.

In 1968, Dr. Belzer and his associates developed a unique, transportable machine that can keep a human kidney alive as long as 72 hours. The device, known as the Belzer perfusion pump, preserves the donor kidney, allowing it to function much as it would in the human body, and provides a "gift of time" for effective tissue typing and preparation of the patient for surgery.

It also makes possible more widespread use of cadaver kidneys and lessens the need for taking organs from living donors.

Dr. Belzer's methods of preservation have been



E. Kolsanoff

Cynthia Lopes, 14, whose father is our own Campus Police Chief La Verne A. Lopes, recently underwent kidney transplant surgery at UCSF. This photo of Cynthia, with Dr. Stuart Kleeman, was taken before her operation at the San Francisco General Hospital Pediatrics Dialysis Unit. Cynthia will enter high school next fall.

widely copied and, with other researchers here, he is investigating ways of extending the time for preserving the donor kidney so that newer and more time consuming methods of donor-recipient matching may be used.

Dr. Kent C. Cochrun of the UCSF Transplant Service, and others, have shown that the mixed lymphocyte culture test will predict the chance for graft survival. This test, a "transplant in a test tube," takes five days of incubation, however, and cannot be used at the present time for cadaver kidney transplants, according to Dr. Belzer. Research is in progress to attempt to modify the mixed lymphocyte culture test so that results can be obtained in a much shorter period of time.

Although there are now more than 100 kidney transplant operations a year at UCSF, the need continues to exceed the rate at which this surgery can be performed, partly for lack of suitable donor kidneys. "At present," reports Dr. Belzer, "there are 240 patients in Northern California on chronic dialysis waiting for transplants."

Kidney disease ranks among the five leading killers in the United States today, and under the new Social Security Act, 80 percent of the cost of both dialysis and kidney transplantation will be paid under Social Security.

Without the 16 dialysis centers throughout Northern California, countless patients could not have survived at all. The use, several times a week, of the artificial kidney machine to purify the blood before and after removal of the diseased kidneys, is an indispensable part of treatment. Dialysis was essential to the original pattern of care established by UCSF and at other pioneering transplant centers.

"That UCSF leads the nation today in kidney transplantation must be credited equally to the work done at this medical center and to the contributions of the nephrologists responsible for the care of Northern California kidney patients," says Dr. Belzer. "We have had the complete cooperation of these physicians."

Claire Wray

Electromagnetic Pollution

In June 1971 a semi-retired realtor in Milwaukee, Wisconsin, with an implanted pacemaker complained to his doctor of dizziness and faintness. These spells would occur as he left his office in the evening and walked toward his car. Investigation revealed that a television transmitter mounted on a building directly across the street from his office was transmitting sufficient electromagnetic energy to turn off his pacemaker.

There is a growing list of medical instruments and devices which are interfered with by electromagnetic energy. Some of the instruments affected are infusion pumps, heart pumps, heart monitors, pH meters, and scintillation counters. EMI (Electro Magnetic Interference) may result in a total loss of function, erratic behavior, or loss of accuracy in medical instruments.

Until the late 1950's and early 1960's, sensitive devices such as pacemakers, heart monitors, etc., were primarily experimental. Little was heard about the effects of EMI and, therefore, of little concern. Today, with hundreds of thousands of electronic instruments in use in the nation's hospitals, and the varied conditions of use, EMI has become a significant problem.

Concern for EMI of instruments in the Moffitt Hospital Coronary Care Unit, Intensive Care Unit, and Intensive Care Nursery was expressed in mid-1970 by alert staff members when plans for the construction of Sutro Tower became known. Simultaneous with tower construction, tests were made by the Research and Development Laboratory and the Office of Environmental Health and Safety on the EMI susceptibility of the pacemakers and heart monitors now in use in the hospital. Appropriate action was introduced to correct identified interference problems.

National standards now exist for maximum levels of EMI as they relate to the heating effects on biological tissues. No standards exist for levels of EMI as they relate to their effects on medical instruments, even though the instruments are 100-150 times more sensitive.

The hospital EMI problem has two aspects: (1) limiting the energy from EMI generators such as radio/TV transmitters, paging systems, diathermy units, electrosurgical units, etc.; and (2) minimizing EMI susceptibility of sensitive medical instruments, such as pacemakers, heart monitors, pH meters, etc.

On the UCSF campus a tentative standard of 1.5 volts/meter maximum over the radio/TV frequencies has been established. (This compares with 164 volts per meter established as a safe working level). This level is believed to be a safe level for pacemaker wearers. Plans are now being made to formalize a periodic EMI measurement program on this campus.

Determining the susceptibility of medical instruments to EMI is still rather difficult. This is a parameter that few manufacturers can furnish and is not a simple measurement to make. However, being aware that EMI pollution may interfere with instrument function does encourage us to make certain minimal tests on medical instruments prior to purchase. If you have UC equipment which you believe is being interfered with because of EMI, the Office of Environmental Health and Safety (Electrical Safety Section) is available to consult with you.

—Marvin O. Shepherd

Television for Hospital Patients

The UC Hospitals Volunteers now have their very own television studio—an "impossible dream come true." It came about like this:

Some time ago, at an American Health Congress meeting in Chicago, Betty Cunningham, UCSF Coordinator of Volunteer Services, saw an intriguing display of new uses of closed-circuit television for hospitals.

With a few pieces of electronic and camera equipment, easily operated by volunteers, it is possible to project all kinds of programs from a TV studio in the hospital onto the screens of regular television sets in the patients' rooms and other areas. To tune in, all the viewer need do is turn the knob of the television set to a special closed-circuit channel.

The programming possibilities are endless—from video-taped films presenting health information or children's cartoons, to personalized programs on hospital services or in-hospital Bingo games produced "live" by the volunteers.

Excited over the potential that such a system offers, Betty Cunningham asked the manufacturer's representative in charge of the convention exhibit, just what such equipment would cost. She could hardly believe her ears when the representative of Wells National Services Corporation suggested that the firm would be willing to donate the studio equipment for the use of the UCSF Volunteers.

This month, the equipment was delivered and installed in a sound proof room in Moffitt Hospital. Charles Sonnenberg, of Wells Corporation, spent two days instructing volunteers in the use of the central control console, video cassette recorder, and two TV cameras. The Corporation also donated 36 half-hour children's cartoon classics to help the volunteers get the new service underway.

Volunteers Marie Harrington and Gayle Abernathy will be in charge of the project with assistance from other volunteers and members of the UCSF television staff. Programming on our own Channel 13 will begin as soon as the volunteers have had sufficient practice in operating the equipment.

"Meanwhile," says Betty Cunningham, "those with experience in television programming and the operation of television equipment, who would like to volunteer their help, are welcome to contact the Volunteer Office, Room 114 Moffitt Hospital; telephone 666-1196."

Claire Wray

* * *

"What is the secret of your success?"
"My good judgment."
"And how did you develop good judgment?"
"From experience."
"How did you acquire experience?"
"Oh, that came from bad judgment."

Francis P. Wood, Trans. Assoc. Am. Phys., LXXIX, 1, 79, 1966.

Consumers Evaluate Health Care

Thirty-six patients will be active participants in an unusual new program to involve the consumer in evaluating health care at the San Francisco General Hospital outpatient clinics.

The demonstration program is being funded, in three phases, by the Committee on Regional Medical Programs through a contract signed by the community-based Board of Directors of the San Francisco Medical Center Outpatient Improvement Programs, Inc.

First phase of the 21-month demonstration is now being conducted under a grant for $11,268. It involves three months of program planning and selection of the patient representatives, who will include six persons from each of the following outpatient services: Family Health Center, Women's Health Center, General Pediatrics, General Surgical and General Medical Clinics, and the South of Market (Satellite) Health Center. The patient-representatives will receive a small monthly stipend to cover their expenses.

In the second phase of the program, for six months beginning in April, the patient representatives will take part in 20 to 30 hours of training in health care evaluation methods and terminology. During the third phase, or final 12 months, they will test various alternatives to determine the best ways of achieving consumer participation to influence the quality of outpatient health care.

Three models are proposed: (1) Patients and professional staff to meet together; (2) Patients and professional staff to meet separately, with occasional joint meetings to coordinate information and recommendations; and (3) Patient and professional groups meeting as totally separate entities.

Sherry Kahn, MPH, who has been hired as staff coordinator for the project, will moderate all meetings involving patient participation. The program is under supervision of Gary Rodrigues, Director of Health Care Evaluation and Information, SFGH Division of Outpatient and Community Services.

Ultimate goal of the demonstration is to develop a permanent structure through which the consumer may actively participate in evaluation of outpatient care at SFGH. These activities would add an important new dimension to the continuing work of the Medical Staff's own Health Care Evaluation Committee. This committee is responsible for measuring, against sets of professional criteria, the specific quality of care being received by patients of the various inpatient and outpatient services of the hospital. Dr. Peter Sommers is chairman of the Outpatient Health Care Evaluation Subcommittee.

Dr. Donald Fink, Director of the SFGH Division of Outpatient and Community Services, says: "The medical staff recognizes that patients may be able to add important criteria of their own, and that their impressions of the health services being provided here can be of great value in our effort to assure the highest quality of care."

Making the hospital more responsive to community needs is a primary objective of the San Francisco Medical Center Outpatient Improvement Programs Committee, policy-making body for the $1.4 million grant from the Department of Health, Education and Welfare to improve outpatient service at the hospital.

Claire Wray

Community Board Installed Officers

Dianne Feinstein, President of the Board of Supervisors, and Judge Joseph G. Kennedy officiated at the recent installation of officers of the San Francisco Medical Center Outpatient Improvement Programs, Inc.

This 29-member community-based board will eventually assume responsibility for administering the $1.4 million grant from the Department of Health, Education and Welfare, to improve outpatient services at SFGH and its satellite health centers.

Hunters Point Community leader, Elouise Westbrook is serving for a second term as Board President. Other officers are Shirley Jones, Vice-President; Dolores Aguilar, Secretary; Peter Mendelsohn, Treasurer; and Robert Comstock, Parliamentarian.

SFGH Notes

Arthur Thomas, M.D., Asssitant Professor of Surgery, and a member of the SFGH Department of Surgery, has been elected to membership in the Western Surgical Association.

Phillip Goldstein, M.D., Chief of Obstetrics and Gynecology at SFGH and Associate Professor of Ob-Gyn, has been elected president of the National Alliance Concerned With School Age Parents. This voluntary subscription based organization is supported by the United States Office of Education. It provides technical assistance to states and districts in developing services for young parents.

W. McFate Smith, M.D., Associate Dean and Medical Director of SFGH, and a nationally known specialist on hypertension, spoke at the recent meeting of the Pacific Interurban Clinical Club, representing major West Coast medical centers.

Julian Hoff, M.D., Chief of Neurosurgery at SFGH, and principal investigator for the Neurosurgery Project of the hospital's Trauma Service, will attend an International Symposium on Intracranial Pressure in Sweden in June. For the three months following he will be involved in research at the University of Lund, Sweden, and Glasgow University, Scotland, on head injuries and brain metabolism after injury.

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Inside

Centro Latino neighborhood house has many services and activities for residents of the Mission district. Organized seven years ago under leadership of the Catholic Youth Organization of the San Francisco Archdiocese, the Center receives help from many other organizations in the City. 6

There are definite do's and don'ts to remember when interviewing prospective employees. The Affirmative Action Office at UCSF has listed some of the guidelines to lawful and unlawful pre-employment inquiries. 11

Improved techniques developed through research have taken kidney transplantation out of the experimental stage. As a tenth anniversary is marked, UCSF continues its transplant services which have made major contributions to a world-wide cooperative program for kidney disease victims. 13

The consumer is taking an active part in evaluating health care under a program funded by the Committee on Regional Medical Programs. Thirty-six patients will participate in evaluating health care at SFGH outpatient clinics. 15

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The Best Care For All UCSF Maternity Patients (see page 1)